



**STATE OF ARIZONA**  
**DEPARTMENT OF TRANSPORTATION**  
**PROCUREMENT**



**AZFACTS FAX-ON-DEMAND**

ADOT SOLICITATION REFERENCE NUMBER: **T05-13-00113**  
Commodity Code: **0155-0050, 0936-0014**  
Description: **Modular for Mobile Laboratory in Holbrook, Arizona**

**DUE DATE: May 9, 2005**

**at 5:00 P.M. MST**

DATE POSTED: **April 28, 2005**

Submittal Location:

Arizona Department of Transportation  
Procurement Group  
1739 West Jackson Street, Suite A, MD 100P  
Phoenix, Arizona 85007-3276

**REPLY TO: FAX: (602) 712-8647**

Responsible Contract Officer: Michelle Carmichael Phone: (602) 712-7686

**PROCUREMENTS LESS THAN \$50,000.00 ARE RESTRICTED TO SMALL BUSINESSES. A SMALL BUSINESS IS ONE THAT, INCLUDING ITS AFFILIATES, IS INDEPENDENTLY OWNED AND OPERATED, IS NOT DOMINANT IN THE TYPE OF BUSINESS IT CONDUCTS, AND WHICH EMPLOYS FEWER THAN 100 FULL TIME EMPLOYEES OR WHICH HAS GROSS RECEIPTS OF LESS THAN \$4 MILLION IN ITS LAST FISCAL YEAR.**

**"An Equal Employment Opportunity Agency"**

The Arizona Department of Transportation is committed to the principles of Equal Employment Opportunity. To ensure dissemination of the Equal Opportunity program throughout all levels of the department, the ADOT Civil Rights Deputy Administrator serves as the Equal Opportunity Administrator for the Arizona Department of Transportation.

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**1.0 SCOPE OF WORK**

The purpose of this solicitation is to purchase a modular building for use as a mobile laboratory in the Holbrook district.

The contractor shall:

Deliver the modular to the site;  
block, level and secure the modular; and  
leave the axles and wheels on the modular.

**DELIVERY SITE LOCATION:** ADOT Chambers Maintenance Yard  
MP 336 Frontage Road, Chambers, Arizona

**PROJECT COMPLETION TIME:** Thirty (30) calendar days after notice to proceed. The contractor shall submit a project time line and schedule that details all work to be completed under the contract per the time specified.

**PROJECT PLANS/DRAWINGS:** See Exhibit 1.

## **2.0 UNIFORM TERMS AND CONDITIONS**

Incorporated by reference. To obtain a copy of the Uniform Terms and Conditions in full text, you can log on to <https://www.spirit.az.gov/Applications/SPIRIT/SR.nsf> or contact Michelle Carmichael at (602) 712-7686.

## **3.0 SPECIAL TERMS AND CONDITIONS**

### **3.1 TERM OF CONTRACT**

The term of any resultant contract for the Department shall commence on the date of contract execution and continue for thirty (30) calendar days after notice to proceed, unless terminated, canceled, or extended as otherwise provided herein.

### **3.2 CONTRACT EXTENSION**

The Department reserves the right to unilaterally extend the period of any resultant contract for 31 days beyond the stated expiration date.

### **3.3 PAYMENT**

Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment from the State within 30 days.

### **3.4 BID EVALUATION**

In accordance with the Arizona Procurement Code §41-2535 and R2-7-336, award shall be made to the responsible bidder submitting the quotation that is most advantageous to the state and conforms to the solicitation.

Bidders are required to carefully examine the site of any forthcoming proposed work that may be required under this contract and satisfy themselves as to the labor hours and conditions to be involved in performing the work. Submission of an offer is prima facie evidence that the Contractor has examined the work site, understands ALL work requirements and is aware of all conditions that might impact work performance, including any labor requirements, ordinances, taxes, fees, licenses, permits or conditions that may be imposed.

### 3.5 INVOICING

Each invoice shall include at a minimum:

- Department contract number/purchase order number
- Applicable taxes
- Total of invoice

Invoices not sent to the proper address, or not containing the necessary and required information may delay payment to the contractor. A contractor whose payments are delayed due to improper invoicing shall make no claim against the Department or the State for late or finance charges.

Invoice shall be sent to: Arizona Department of Transportation  
Holbrook Construction  
ATTN: Carrie Plant  
2407 East Navajo Blvd  
Holbrook, Arizona 86025

The Department will make every effort to process payment for the purchase of product within 30 calendar days after the Department has conducted the necessary reviews, and inspections as described herein.

DELIVERY OF THE PRODUCT TO THE DEPARTMENT DOES NOT CONSTITUTE ACCEPTANCE, THEREFORE, ONLY THE DEPARTMENT ACCEPTANCE DATE WILL BE A VALID DATE FOR STARTING THE 30 CALENDAR DAY PAYMENT PERIOD.

### 3.6 PERFORMANCE STANDARDS

The State relies upon the provision of services in accordance with the contract, therefore, the offeror agrees that time is of the essence, and that contractual commitments shall be met.

### 3.7 INDEMNIFICATION CLAUSE

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

*This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.*

### 3.8 INSURANCE REQUIREMENTS

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

**A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Contractor shall provide coverage with limits of liability not less than those stated below.**

**1. Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

General Aggregate	\$2,000,000
Products – Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Blanket Contractual Liability – Written and Oral	\$1,000,000
Fire Legal Liability	\$ 50,000
Each Occurrence	\$1,000,000

- a. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor”.***

- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

**2. Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

Combined Single Limit (CSL)	\$1,000,000
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- a. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor”.***

**3. Worker's Compensation and Employers' Liability**

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$ 500,000
Disease – Each Employee	\$ 500,000
Disease – Policy Limit	\$1,000,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

4. **Builder's Risk**

\$ \_\_\_\_\_

In an amount equal to the initial Contract Amount plus additional coverage equal to contract amount for all subsequent change orders.

- a. The State of Arizona, Contractor, subcontractor and any others with an insurable interest in the work shall be **Named Insureds** on the policy.
- b. Coverage shall be written on an all risk, replacement cost basis and **shall include coverage for flood and earth movement** as well as coverage for losses that may occur during **equipment testing**.
- c. Policy shall be maintained until whichever of the following shall first occur: (1) final payment has been made; or, (2) until no person or entity, other than the State of Arizona, has an insurable interest in the property required to be covered.
- d. Policy shall be endorsed such that the insurance shall not be canceled or lapse because of any partial use or occupancy by the State of Arizona.
- e. The Builder's Risk must provide coverage from the time the equipment/material becomes the responsibility of the Contractor and shall continue without interruption during the installation, including any time during which the equipment/material is being transported to the installation site, or awaiting installation, whether on or off site.
- f. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by the Contractor for the State of Arizona.
- g. Contractor is responsible for the payment of all deductibles under the Builder's Risk policy.

B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:

- 1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
- 2. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
- 3. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **Michelle Carmichael, CPPB, Contract Officer, 1739 West Jackson Street, Suite A, MD 100P, Phoenix, Arizona 85007** and shall be sent by certified mail, return receipt requested.

D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The

State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

- E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be received within five (5) days of tentative award and sent directly to Michelle Carmichael, CPPB, Contract Officer, 1739 West Jackson Street, Suite A, MD 100P, Phoenix, Arizona 85007. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

- F. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

- G. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

- H. **EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

### 3.9 REFERENCES

The offer shall include a minimum of 3 references which have utilized the offeror's services within the past twenty-four months. These references shall be from major organizations, which are not directly controlled by the offeror. References shall be provided on Attachment 3 and shall include all requested information. Use additional sheets if necessary. Make certain that all references submitted contain up to date information, as all references will be checked.

### 3.10 LICENSES, PERMITS, ETC.

The Contractor must be licensed in the State of Arizona and must identify the license numbers and types of licenses as they pertain to this solicitation package.

All licenses shall be current and have been and still are in good standings without suspension or interruption with the Registrar of Contractors office. All licenses must be maintained in good standings for

the duration of the contract, which includes all contractual requirements throughout the term of the contract.

### **3.11 PRICES**

Prices shall be shown in both words and figures. In a case of discrepancy, the amount in words will govern. In case of error in the extension of prices of the offer, the unit price shall govern. No offer shall be altered, amended or withdrawn after the specified offer due date and time.

### **3.12 CONTRACT ADMINISTRATION**

For information regarding the Uniform and Special Terms and Conditions, and Specifications referenced in this Solicitation contact:

Michelle Carmichael, CPPB, Contract Officer (602) 712-7686

Following award, the contractor shall contact the Procurement Group for guidance or direction in matters of contract interpretation or problems regarding the terms, conditions or scope of the contract. Only the Contract Officer or his/her authorized designee is authorized to change or amend the specific terms, conditions or provisions of the agreement.

### **3.13 NOTICES**

All notices, requests, demands, consents, approvals, and other communications which may or are required to be served or given hereunder (for the purposes of this provisions collectively called "Notices"), shall be in writing and shall be sent by registered or certified United States mail, return receipt requested, postage prepaid, addressed to the party or parties to receive such notice as follows:

If intended for the State, to:

Arizona Department of Transportation, Procurement Group  
1739 W. Jackson Street, Suite A, MD 100P  
Phoenix, Arizona 85007-3276  
Attention: Michelle Carmichael, CPPB

### **3.14 SAFETY STANDARDS**

All items supplied under this contract shall comply with the current applicable Occupational Safety and Health Standards of the State of Arizona Industrial Commission, the National Electric Code, and the National Fire Protection Association Standards.

### **3.15 WARRANTY**

The bidder warrants:

That all services performed hereunder shall conform to the requirements of this contract and shall be performed by qualified personnel in accordance with the highest professional standards.

That all items furnished hereunder shall conform to the requirements of this contract and shall be free from defects in design materials and workmanship.

The warranty period on workmanship and materials shall be based on a minimum of twelve (12) months from the time of delivery/installation.

All bidders shall indicate on a separate written sheet that is submitted with their bid the exact conditions, limitations and duration of their warranty. As a minimum the warranty provided shall conform to the requirements stated herein.

### **3.16 VENDOR REGISTRATION**

Prior to issuance of a Purchase Order and subsequent payment, the Contractor shall have a completed STATE OF ARIZONA SUBSTITUTE W-9 FORM, Attachment 4 on file with the Procurement Group. No payments shall be made until the form is on file.

### **3.17 OFFSHORE PERFORMANCE OF WORK PROHIBITED**

Due to security and identity protection concerns, all services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.

### **3.18 CANCELLATION FOR POSSESSION OF WEAPONS ON ADOT PROPERTY**

This contract may be cancelled if Contractor or any subcontractors or others in the employ or under the supervision of the Contractor or subcontractors is found to be in possession of weapons.

Possession of weapons (firearms, explosive device, knife or blade of more than three inches, or any other instrument designed for lethal or disabling use) is prohibited on ADOT property pursuant to ADOT Policy, PER 6.04, "Weapons in the Workplace." Such property includes ADOT owned or leased office building, yards, parking lots, construction sites or state owned vehicles.

Further, if the Contractor or any subcontractors or others in the employ or under the supervision of the Contractors or subcontractors are asked by an ADOT official to leave the ADOT property, they are advised that failure to comply with such a request shall result in cancellation of the contract and anyone who refuses, whether armed or not, is subject to prosecution under A.R.S. § 13-1502, "Criminal trespass in the third degree; classification."

## **4.0 UNIFORM INSTRUCTIONS TO OFFERORS**

Incorporated by reference. To obtain a copy of the Uniform Instructions to Offerors in full text, you can log on to <https://www.spirit.az.gov/Applications/SPIRIT/SR.nsf> or contact Michelle Carmichael at (602) 712-7686.

## **5.0 SPECIAL OFFER SUBMITTAL INSTRUCTIONS**

Complete and return all required information to the location indicated on the solicitation, page one (1) by the time indicated. Responses may be faxed to: (602) 712-8647, Attention: Michelle Carmichael. Responses must be in writing and signed.

- Complete and return the PRICE SHEET ■ (SIGNED) OFFER & CONTRACT AWARD SHEET ■ REFERENCES ■ SUBSTITUTE W-9 ■.



**ATTACHMENT 1  
PRICE SHEET**

ARIZONA DEPARTMENT OF TRANSPORTATION  
Procurement Group  
1739 West Jackson Street, Suite A, MD 100P  
Phoenix, Arizona 85007-3276  
Phone: (602) 712-7211

**SOLICITATION NO. T05-13-00113**

Item No.	Description	Qty	Unit
1.	Modular unit for use as a mobile laboratory, per specifications	1	Lump Sum

**TOTAL GROSS OFFER \$** \_\_\_\_\_

( \_\_\_\_\_ dollars and/ \_\_\_\_\_ cents)

**Award will be based on the Total Gross Offer.**

**Offeror's prices shall include all costs for labor, equipment, materials and incidentals necessary to complete all work, including tax, in accordance with the requirements of the drawings and specifications.**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**License Number**

IF PAYMENT IS MADE WITHIN \_\_\_\_\_ DAYS AFTER RECEIPT OF GOODS OR SERVICES, THE ABOVE QUOTED PRICE  
CAN BE DISCOUNTED BY \_\_\_\_\_ %

**ATTACHMENT 2  
OFFER AND CONTRACT AWARD**



ARIZONA DEPARTMENT OF TRANSPORTATION  
Procurement Group  
1739 West Jackson Street, Suite A, MD 100P  
Phoenix, Arizona 85007-3276  
Phone: (602) 712-7211

**SOLICITATION NO. T05-13-00113**



**Submit this form with an original signature to the Department**

**OFFER**

TO THE STATE OF ARIZONA:

The bidder hereby offers and agrees to perform in compliance with all terms, conditions, specifications and amendments of this solicitation and any written exceptions in the offer. Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Federal Employer Identification

For clarification of this offer, contact:

No.: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Offeror's (Company) Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Company Email Address

City State Zip

\_\_\_\_\_  
Signature of Person Authorized to Sign Offer

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
Title

**SMALL BUSINESS CERTIFICATION**

As a person authorized to represent this offeror, by signing below I certify that the bidding organization is qualified as a small business. A small business means a concern, including its affiliates, which is independently owned and operated, which is not dominant in its field, and which employs fewer than one hundred full-time employees or which had gross annual receipts of less than four million dollars in its last fiscal year (A.R.S. §41-1001). Procurements estimated to cost less than fifty thousand dollars (\$50,000.00) shall be restricted to small businesses in accordance with A.A.C. R2-7-335.

\_\_\_\_\_  
Signature of Person Authorized to Certify Status as Small Business

**ACCEPTANCE OF OFFER AND CONTRACT AWARD (FOR STATE OF ARIZONA USE ONLY)**

Your bid is hereby accepted.

The contractor is now bound to perform based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the contractor's bid as accepted by the state.

This contract shall henceforth be referred to as Contract No. \_\_\_\_\_.

**MODULAR UNIT/MOBILE LAB – HOLBROOK DISTRICT**

The contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until contractor receives a purchase order document.

State of Arizona

Effective this \_\_\_\_\_ day of \_\_\_\_\_ 2005

\_\_\_\_\_  
Michelle Carmichael, CPPB  
As Procurement Officer and not personally

\_\_\_\_\_  
Awarded Date

## ATTACHMENT 3 REFERENCES

ARIZONA DEPARTMENT OF TRANSPORTATION  
Procurement Group  
1739 West Jackson Street, Suite A, MD 100P  
Phoenix, Arizona 85007-3276  
Phone: (602) 712-7211

### SOLICITATION NO. T05-13-00113

PLEASE LIST THE NAME, ADDRESS, CONTACT NAME, AND TELEPHONE NUMBER FOR THREE (3) ORGANIZATIONS FOR WHOM YOUR COMPANY HAS PROVIDED SERVICES OF A SIMILAR SIZE AND SCOPE WITHIN THE PAST 24 MONTHS. These references may be checked, so please make sure all information is accurate and current.

A. ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF CONTRACT INITIATION: \_\_\_\_\_

TYPE OF SERVICES PROVIDED: \_\_\_\_\_

B. ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF CONTRACT INITIATION: \_\_\_\_\_

TYPE OF SERVICES PROVIDED: \_\_\_\_\_

C. ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF CONTRACT INITIATION: \_\_\_\_\_

TYPE OF SERVICES PROVIDED: \_\_\_\_\_

## ATTACHMENT 4

DO NOT SEND TO IRS

Vendor MUST Print  
or Type Information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
Or Type Information

• Taxpayer Identification Number (TIN)

• TIN  
Type☐ Employer Identification Number (EIN)  
☐ Social Security Number (SSN)• State of Arizona HRIS EIN  
State of Arizona Employees ONLY

• Legal Name

Must match TIN above

• Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ Individual/Sole Proprietor (6I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5C)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other Non-Tax-Exempt Entity (5P)

• Minority Business Indicator Select one of the following

- ☐ Small Business (01)  
☐ Small Business – African American (23)  
☐ Small Business – Asian (24)  
☐ Small Business – Hispanic (25)  
☐ Small Business – Native American (27)  
☐ Small Business – Other Minority (05)  
☐ Small, Woman Owned Business (06)  
☐ Small, Woman Owned Business - African American (29)  
☐ Small, Woman Owned Business – Asian (30)  
☐ Small, Woman Owned Business – Hispanic (31)  
☐ Small, Woman Owned Business – Native American (33)  
☐ Small, Woman Owned Business – Other Minority (11)  
☐ Woman Owned Business (03)  
☐ Woman Owned Business – African American (17)  
☐ Woman Owned Business – Asian (18)  
☐ Woman Owned Business – Hispanic (19)  
☐ Woman Owned Business – Native American (21)  
☐ Woman Owned Business – Other Minority (08)  
☐ Minority Owned Business – African American (17)  
☐ Minority Owned Business – Asian (32)  
☐ Minority Owned Business – Hispanic (74)  
☐ Minority Owned Business – Native American (15)  
☐ Minority Owned Business – Other Minority (02)  
☐ Non-Profit, IRC §501© (88)  
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

• Main Address

Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

• Remit to Address

☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

Contact Information

Name

Phone #

EXT

Fax

email

• Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup.**

Signature

Title

Current Date

STATE OF ARIZONA **AGENCY** USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Print Name

Date

STATE OF ARIZONA **GAO** USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed

## ATTACHMENT 4

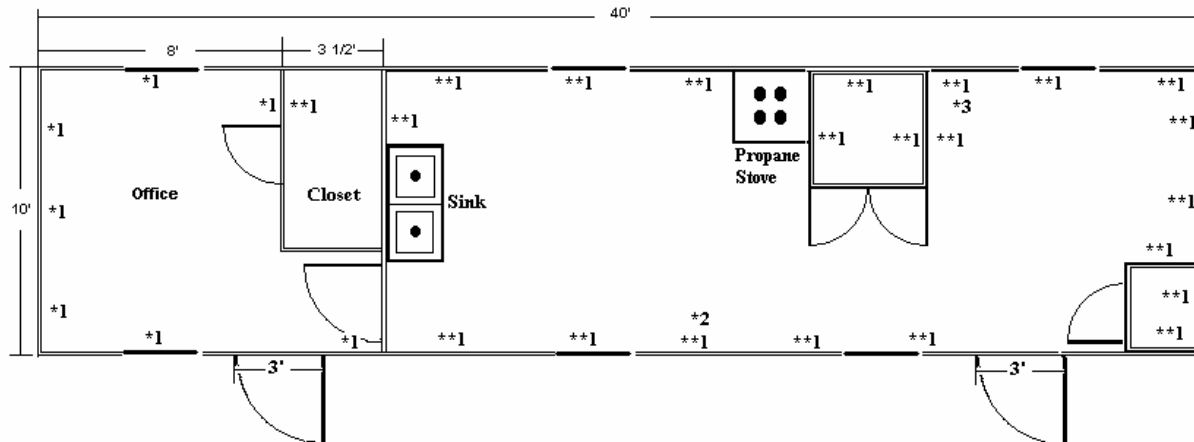
GAO-W-9 Revised 03/15/05

# EXHIBIT 1 MODULAR UNIT SPECIFICATIONS/LAYOUT

ARIZONA DEPARTMENT OF TRANSPORTATION  
Procurement  
1739 West Jackson Street, Suite A, MD 100P  
Phoenix, Arizona 85007-3276  
Phone: (602) 712-7211

## SOLICITATION NO. T05-13-00113

### Mobile Lab Trailer Specifications



\*1 = 15 AMP 120 Volt outlet 4' off of the floor  
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 \*2 = 30 AMP 240 Volt outlet 4' off of the floor  
 \*3 = 50 AMP 240 Volt outlet 4' off of the floor  
 The floors need to be 100 lb psf  
 Need outside lights at each door  
 Need a ten gallon water heater and normal water pressure  
 Need two sets of steps  
 Need an AC unit with heating capabilities The lab's temperature should be between 60 to 80

The windows can be 3-0 x 3-0  
 The exterior doors and the interior door need to be at least 3'  
 The roof needs to be 40 lb snow load 0.405 black EPDM  
 The insulation needs to be R-19  
 The flooring needs to be 1/8" vinyl tile  
 The walls need to be 1/2" vinyl wrap  
 The ceiling is standard "T" grid 2'x4' drop ceiling  
 The lighting needs to be 2'x4' 4-tube in lay light fixtures  
 The insulation needs to be R-19  
 The siding can be 7/16" LP  
 The exterior walls need to be 2x4 construction



**EXHIBIT 2**  
**STATE OF ARIZONA**  
**CERTIFICATE OF INSURANCE**

STATE AGENCY/DEPT.: ARIZONA DEPARTMENT OF TRANSPORTATION  
PROJECT TITLE: Modular unit mobile laboratory  
CONTRACT NUMBER:

PRODUCER	COMPANIES AFFORDING COVERAGE	CURRENT A.M. BEST RATING
INSURED	A	
	B	
	C	
	D	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (,000)
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> PER PROJECT PRODUCT/COMPLETED OPERATIONS				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. \$ _____ PERSONAL & ADV. INJURY \$ _____ EACH OCCURRENCE \$ _____ FIRE DAMAGE(ANY ONE FIRE) \$ _____ MED.EXPENSE(ANY ONE PERSON) \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ _____  BODILY INJURY (PER PERSON) \$ _____ BODILY INJURY (PER ACCIDENT) \$ _____ PROPERTY DAMAGE \$ _____
	PROFESSIONAL LIABILITY <input type="checkbox"/> TYPE  <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ _____ DISEASE-POLICY LIMIT \$ _____ DISEASE-EACH EMPLOYEE \$ _____
	BUILDERS RISK				
	OTHER:				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS:

STATE OF ARIZONA AND THE STATE AGENCY NAMED BELOW ARE ADDED AS ADDITIONAL INSURED. IT IS AGREED THAT COVERAGES AFFORDED UNDER THE POLICIES CERTIFIED IN THIS CERTIFICATE SHALL BE PRIMARY AND ANY INSURANCE OR SELF-INSURANCE PROGRAM CARRIED BY THE STATE OR ANY OF ITS AGENCIES, BOARDS, DEPARTMENTS OR COMMISSIONS SHALL BE EXCESS AND NOT CONTRIBUTORY INSURANCE TO THAT PROVIDED BY THE NAMED INSURED.

IT IS FURTHER AGREED THAT NO POLICY SHALL EXPIRE, BE CANCELED OR MATERIALLY CHANGED TO AFFECT THE COVERAGE AVAILABLE TO THE STATE WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO THE STATE. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

<p style="text-align: center;">CERTIFICATE HOLDER / ADDITIONAL INSURED</p> <p>State of Arizona Arizona Department of Transportation 1739 W. Jackson St., Suite A, MD 100P Phoenix, AZ 85007-3276</p>	<p style="text-align: center;">AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY</p>          <p>SIGNATURE _____ DATE: _____</p>
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